



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: NORTH TEXAS EMERGENCY PHYSICIANS 2940 FM 407, STE. 302 HIGHLAND VILLAGE, TX 75077	MFDR Tracking #: M4-10-2204-01 DWC Injure Date Emple Insura
Respondent Name and Box #: TEXAS MUTUAL INSURANCE CO Box #: 54	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "The bills for these visits were submitted in a timely manner on June 2, 2009."

Principal Documentation:

1. DWC 60 Package
2. Total Amount Sought -- \$562.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "Texas Mutual maintains its position as communicated to the requestor through its Explanation of Benefits form."

Principal Documentation:

1. Response Package

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
05/27/2009	99204	Not Applicable	\$197.00	\$0.00
05/27/2009	73130	Not Applicable	\$98.00	\$0.00
05/27/2009	73110	Not Applicable	\$95.00	\$0.00
05/27/2009	A4565	Not Applicable	\$22.00	\$0.00
05/27/2009	99455	Not Applicable	\$50.00	\$0.00
05/27/2009	S9088	Not Applicable	\$100.00	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Tex. Lab. Code, §408.027(a), titled *PAYMENT OF HEALTH CARE PROVIDER*, effective September 1, 2007, sets out the requirement for timely submission of a medical bill.
2. Division rule at 28 Tex. Admin. Code §133.20(b), titled *Medical Bill Submission by Health Care Provider*, effective January 29, 2009, sets out the procedure for timely submission of a medical bill.
3. Division rule at 28 Tex. Admin. Code § 102.4(h), titled *General Rules for Non-Commission Communication*, effective

May 1, 2005 sets out the guidelines for non-division communication such as those between the provider of health care services and the workers' compensation insurance carrier.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 11/24/09 for DOS 05/27/09 shows:

- CAC-29 THE TIME LIMIT FOR FILING HAS EXPIRED.
- 134.801 & 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE OF SERVICE, FOR SERVICE ON OR AFTER 9/1/05.
- CAC-B5 COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
- CAC-4 THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
- 732 ACCURATE CODING IS ESSENTIAL FOR REIMBURSEMENT. SERVICES ARE NOT REIMBURSABLE AS BILLED. CPT AND/OR MODIFIER BILLED INCORRECTLY.
- 217 THE VALUE OF THIS PROCEDURE IS INCLUDED IN THE VALUE OF ANOTHER PROCEDURE PERFORMED ON THIS DATE.
- 724 NO ADDITIONAL PAYMENT AFTER RECONSIDERATION. NETWORK CONTRACT APPLIED BY TEXAS STAR NETWORK.

Explanation of benefits dated 11/24/09 for DOS 05/30/09 NOT in consideration as the CMS-1500 and EOB for that DOS was not on Table of Disputed Services.

Issues

1. Did the Requestor submit documentation to support the disputed bills were submitted timely in accordance with Tex. Lab. Code, §408.027, Division rule at 28 Tex. Admin. Code §133.20(b) and Division rule at 28 Tex. Admin. Code §102.4(h).
2. Is the Requestor entitled to additional reimbursement?

Findings

1. The Requestor provides a printout of a "Claim Submission History For Superbill 13832" as documentation of its submission.
2. Pursuant to Tex. Lab. Code, §408.027(a), titled PAYMENT OF HEALTH CARE PROVIDER, effective September 1, 2007, states that "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." Additionally, Division rule at 28 Tex. Admin. Code §133.20(b), titled Medical Bill Submission by Health Care Provider, effective January 29, 2009, states "Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."
3. Division rule at 28 TAC § 102.4(h), titled General Rules for Non-Commission Communication, effective May 1, 2005 states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:
 - (1) the date received, if sent by fax, personal delivery or electronic transmission or,
 - (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
4. Review of the documentation provided finds that the Requestor did not sufficiently support that the medical bill for service date 05/27/2009 was sent, as defined by 28 Tex. Admin. Code §102.4(h), not later than 95-days after the date of service. A Claim Submission History report does not provide support per 28 Tex. Admin. Code §102.4(h). The division finds that the Requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute.

Conclusion

For the reasons stated above, the division finds that the Requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the Requestor is entitled to \$0.00 reimbursement for the disputed services.



Authorized Signature



Medical Fee Dispute Resolution Officer

09/16/2010

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

